

EBT Cumulative Cost Report

Project Name/State: _____

Report Period Beginning Date: _____

Report Period Ending Date: _____

General Instructions : The following cost information will be shared with WIC State agencies interested in developing EBT projects. This report will reflect the total cumulative project costs and will be updated throughout the project period and submitted to FNS 90 days after the end of the Federal fiscal year each year until all costs are identified. Please show all funds spent, including funds not provided specifically through infrastructure grants. The attached cost definitions are provided to assist States in the completion of this report. It is desirable to have costs broken out as listed below. However, if this is not possible, please use the "Other" categories to show where costs are broken out differently. Do not include costs that are a part of normal State agency operations. Use the comments sections to further explain the breakdown of costs, as needed.

A. Project Planning. Include all costs associated with planning this project. Costs incurred that are not listed below should be specified under "Other." For example, these other costs may include travel, project management software, consultant fees, office space, staffing, supplies, miscellaneous or other costs not included in the cost of the deliverables listed. (NOTE: Do not include equipment costs here. All equipment should be reported under section E below.) If costs incurred in development of an FRD are part of the total PAPD costs, show the costs under PAPD and note in the comments section below that PAPD costs include development of the FRD.

Planning Phase	In-House	Contracted	Total Cumulative Planning Costs
Planning Advanced Planning Document (PAPD)			
Request for Information (RFI)			
Functional Requirements Document (FRD)			
Request for Proposals (RFP)			
Imple. Advanced Planning Docu. (IAPD)			
Notable Staff Time at State Level			
Other _____			
Other _____			
Total Planning Phase			
Comments:			

B. Project Design. Include all costs associated with project design. Costs incurred that are not listed below should be specified under "Other." For example, these other costs may include travel, software, consultant fees, office space, staffing, miscellaneous or other costs not included in the cost items listed. (NOTE: Do not include equipment costs here. All equipment should be reported under section E below.)

Design Phase	In-House	Contracted	Total Cumulative Design Costs
System Design			
System Acceptance Plan			
WIC UPC Database Design			
Functional Demonstration Plan			
Data Conversion			
Other _____			
Other _____			
Total Design Phase			
Comments:			

EBT Cumulative Cost Report

C. Project Scope. Please provide information on the scope of the project.

Project Scope	Number
Number of WIC Participants in Project	
Number of Participants Per Household	
Total Number of Households in Project	
Number of Authorized Retailers	
Number of WIC Clinics	
Duration of EBT Current Contract	

D. Project Development and Testing. Include all costs associated with project development and testing. Costs incurred that are not listed below should be specified under "Other." For example, these other costs may include travel, consultant fees, office space, staffing, miscellaneous or other costs not included in the cost items listed. Under "Retailer Agreements" include all associated costs, e.g., staff time, printing, mailing, training, etc. (NOTE: Do not include equipment costs here. All equipment should be reported under section E below.)

Project Development & Testing Phase	In-House	Contracted	Total Cumulative Development Costs
Application Software: WIC Clinic			
Application Software: Interface/EBT-State Information System			
Application Software: Interface/Retailers			
Food Stamp Integration (WIC costs only)			
Other Program Integration			
Acceptance Testing			
Acceptance Report			
Implementation Plan			
Functional Demonstration			
Functional Demonstration Report			
Disaster Recovery Plan			
Risk Analysis			
Retailer Agreements			
Training Manuals and Materials (including tutorials and videos)			
User Manuals for System Documentation			
Other _____			
Other _____			
Total Development and Testing Phase			
Comments:			

E. Project Equipment. Include all project equipment purchases and/or leases. Do not include installation and maintenance costs here. Installation and maintenance costs are to be included under section F. See attached definitions. Equipment that is not listed below should be specified under "Other."

Equipment	Unit Costs (Lease/Purchase)		# of Units (Lease/Purchase)		Total Cumulative Costs (Lease/Purchase)	
Retailer Equipment - Backroom PC						
Retailer Equipment - POS Card Reader						
Retailer Equipment - Cabling						
Retailer Equipment - Mounting Equipment						

EBT Cumulative Cost Report

E. Project Equipment (cont.). Include all project equipment purchases and/or leases. Do not include installation and maintenance costs here. Installation and maintenance costs are to be included under section F. See attached definitions. Equipment that is not listed below should be specified under "Other."

Equipment (continued)	Unit Costs (Lease/Purchase)	# of Units (Lease/Purchase)	Total Cumulative Costs (Lease/Purchase)
Retailer Equipment - Inquiry Terminal & Printer			
Retailer Equipment - Scanners			
Retailer Equipment - Receipt Printers			
WIC Clinic Equipment (List all EBT equipment in Comments section)			
Equipping Offices in Planning Phase			
Electronic Cards			
Other _____			
Other _____			
Total Equipment			
Comments:			

F. Project Operation. Include all costs associated with project operations. Costs incurred that are not listed below should be specified under "Other." See attached definitions. Show the "cost per casemonth," if applicable, and provide a definition of "cost per casemonth" in the comments section below.

Project Operation	In-House	Contracted	Total Cumulative Operational Costs
Authorize Issuance			
Clinic Worker Training			
Participant Training			
Retailer Training			
Training Materials			
Clinic System & Equipment Maintenance			
Retail System & Equipment Maintenance			
Maintain WIC Information System			
Maintain UPC Database			
Customer Service Charges for participant, retailer, WIC clinic toll-free services			
Customer Service Charges from toll-free pay phone calls (#of calls placed: _____)			
Data processing at EBT Host			
Telecommunications			
ACH Fees			
Fund WIC settlement account			
Evaluation			
Cost Per Casemonth (Define in Comments)			
Other _____			
Other _____			
Total Operations			
Comments:			

EBT Cumulative Cost Report

G. Statewide Operation. Include all costs associated with statewide operations. Costs incurred that are not listed below should be specified under "Other." See attached definitions. Show the "cost per casemonth," if applicable, and provide a definition of "cost per casemonth" in the comments section below.

Statewide Operation	In-House	Contracted	Total Cumulative Operational Costs
Authorize Issuance			
Clinic Worker Training			
Participant Training			
Retailer Training			
Training Materials			
Clinic System & Equipment Maintenance			
Retail System & Equipment Maintenance			
Maintain WIC Information System			
Maintain UPC Database			
WIC clinic toll-free services			
phone calls (#of calls placed: _____)			
Data processing at EBT Host			
Telecommunications			
ACH Fees			
Fund WIC settlement account			
Evaluation			
Cost Per Casemonth (Define in Comments)			
Other_____			
Other_____			
Total Operations			
Comments:			
Grand Total for EBT Project			